



Facts & FAQs on California Peer Support Medi-CAL Billing and the State Plan Q & A

Background

Current State Plan Amendment (SPA) language has attempted to incorporate peer support specialists and parent/family partners into service delivery by adding a category of provider entitled “other qualified provider”. Other qualified provider is defined as someone who is 18 years of age and has a high school diploma or equivalent. This designation allows these providers to provide a number of existing services within the SPA.

- The designation and qualifications of “other qualified provider” is inadequate to successfully and meaningfully include Peer Support Specialist and Parent/Family Partners. Providing peer support requires specific skills and qualities that should be common across the practice.
- The Current SPA does not include Peer Support as a service or provider type. Peer Support is a distinct service that should be added to existing available services.

FAQs

1. Counties are already hiring peers, why do we need to add them to the state plan?

- Hiring someone who is a peer is not the same as hiring someone to offer Peer Support Services.
- We are advocating for the provision of Peer Support Services, as a distinct practice with research-based outcomes.
- Inclusion in the state plan creates a standardized practice and provider competencies.
- Adding PSS to the plan will hopefully increase the availability of Peer Support Services for families and service recipients, regardless of the county in which they reside.

2. Will certification undermine what peers and counties are already doing?

No. Counties will be able to utilize the other rehabilitation codes as defined and peers may be in positions that perform these job functions in addition to Peer Support.

3. If the state plan already recognizes peer providers as ‘other qualified provider’ to bill under some existing codes, and some counties allow peer providers to bill Medi-CAL under existing codes, why do we need to add ‘Peer Support’ to the state plan?

- Peer Support is a distinct service, different than existing medi-cal billable services.
- Being a provider type within the state plan increases legitimacy of Peer Providers and reduces stigma.
- Medi-Cal is a revenue source for increasing Peer Support Services. Even though Peer Providers can currently bill for rehab, collateral and TCM services as Other Qualified Providers, only a very small number of counties are doing this.

4. How is Peer Support different than rehabilitation, collaterals or other existing services?

- The first key difference is the peer’s ability to use their personal recovery/resiliency story to assist others in overcoming obstacles in achieving personal goals.
- Because they have first-hand experience, Peers can be more empathetic, which leads to some of the research outcomes, like:
 - Greater engagement
 - Reduced stress
 - Reduced symptoms
- The other key difference, besides WHO provides the service, is HOW the service is provided. The provision of Peer Support Services is based on the values of mutuality, equality, respect and hope. The focus on these values in training informs how services are provided.

5. If we add Peer Support won’t the services be reimbursed at a lower rate?

- Not necessarily. Some states include Peer Support as a type of rehabilitation service, which could be billed at the same rate as other rehabilitation services.
- Even if it was billed at a lower rate, right now most counties are not billing for Peer Provided services at all. Adding Peer Support as a service, reimbursed at a lower rate would still increase revenue.
- Those counties that are currently billing for rehabilitation/collateral services provided by Peers could continue to do that.
- Counties will continue to have control how and when they will utilize Peer Support Specialists.